

02-14-02

PTO/SB/05 (1/98)

Approved for use through 9/30/00, OMB 0651-0032

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02/12/02

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket 6785-217US

First Inventor NOLL, et al.

Title Method For Improved RF Spectrum Efficiency with Repeater Backhauls

Express Mail Label No. EL 740158235 US

APPLICATION ELEMENTS
 See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

1 <input checked="" type="checkbox"/> Fee transmittal Form (Submit an original and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)
2 <input checked="" type="checkbox"/> Specification [Total Pages 20] <i>(preferred arrangement set forth below)</i>	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
<ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
3 <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 4]	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents)
4. Oath or Declaration [Total Pages 3]	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (where there is an assignee)
a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from prior Application (37 CFR 1.63(d))	10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
b. <input type="checkbox"/> (for continuation/divisional with Box 17 completed) [Note Box 5 below]	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.	13. <input checked="" type="checkbox"/> Return receipt postcard (MPEP 503) <i>(Should be specifically itemized)</i>
14. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Status still proper and desired	
15. <input type="checkbox"/> Certified copy of priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input checked="" type="checkbox"/> Other: Fee: \$410	

* A new statement is required to pay small entity fees, except where one has been filed in a prior application and is being relied upon

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

 Continuation Divisional Continuation-in-part (CIP) of prior application no. _____ / _____

Prior application information: Examiner: _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label)

or Correspondence address below

NAME	Akerman, Senterfitt & Fidson, P.A.				
ADDRESS	Post Office Box 3188				
CITY	West Palm Beach	STATE	FL	ZIP CODE	33402-3188
COUNTRY	USA	TELEPHONE	561/653-5000		FAX 561/653-5333

Name (Print/Type)	Robert J. Sacco	Registration No. (Attorney/Agent)	35,667
Signature		Date	2/12/02

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 410.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	NOLL, et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	6785-217US

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0951**

Deposit Account Name **AKERMAN SENTERFITT**

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Fee Fee Code (\$)	Fee Fee Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					

SUBTOTAL (1) (\$ 370)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
14	-20** =	X	= 0
Independent Claims	1 - 3** =	X	= 0
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Robert J. Sacco	Registration No. (Attorney/Agent)	35,667	Telephone
Signature			Date	2/12/02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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